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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UNIVERSITY OF WYOMING HCM FUNDING FORM** | | | | | | | | | | | | | | | | | | |  |
| **For Current, Future and Corrections of HCM Payroll Funding on salaries paid after July 1, 2019** | | | | | | | | | | | | | | | | | | |  |
| Benefited positions, Hourly positions, Graduate Assistants, Additional Pay, etc. | | | | | | | | | | | | | | | | | | |  |
| Last Name | |  | | | | | | | | | | | First Name | | |  | | |  |
| Person Number | | |  | | | | | Department | | |  | | | | | | | |  |
| **Complete one form per person, per transaction (i.e. Regular Salary and MCD require two separate forms)** | | | | | | | | | | | | | | | | | | |  |
|  | New Funding | | |  | | Change Current or Future Funding | | | | | | | |  | Expenditure Correction (retroactive change) | | | |  |
| **Do not select more than one box below, except for Project Funding, i.e. Benefited Position or Additional Pay, not both** | | | | | | | | | | | | | | | | | | |  |
|  | Benefited Position | | | | | | | | Position Number | | |  | | | | | Annual Rate |  |  |
|  | Non-Benefited Position | | | | | | | | Assignment Number | | |  | | | | | Pay Rate |  |  |
|  | Additional Pay | | | | Select One From List | | | | | | | | | | | | Pay Rate |  |  |
|  | Graduate Assistant | | | | | | | | | All GA Payroll changes must be approved by AVP Graduate Education | | | | | | | | |  |
|  | Project Funding | | | | | | Salary correction(s) submitted more than 90 days after the original charge and impacting projects must be approved by Sponsored Programs and the project PM. A justification for the change must be included and also signed by the PM. | | | | | | | | | | | |  |

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| **Current Funding** (use continuation form for additional strings) | | | | | | | | | | | | |  |
| Effective Fund Fund Expense  Date Percent Entity Account Code Source Organization Class Program Activity Future Project Task | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |  |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |  |
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| **New Funding** (use continuation form for additional strings) | | | | | | | | | | | | |
| Funding must be a **percentage**, not an amount, and **EACH** effective date must total 100% | | | | | | | | | | | | |
| Effective Fund Fund Expense  Date Percent Entity Account Class Source Organization Class Program Activity Future Project Task | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
|  |  |  |  |  |  |  |  |  |  | 0 |  | 1 |
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| 1) Completed By |  | | Phone |  | Date |  |
|  | | | | | | |
| 2) Cost Center Approver |  | | | | Date |  |
|  | | | | | | |
| 3) Sponsored Programs (>90 days corrections only) | |  | | | Date |  |
|  | | | | | | |
| 4) Project Manager (>90 days corrections only) | |  | | | Date |  |
|  | | | | | | |
| 5) AVP Graduate Education |  | | | | Date |  |